

B1 (Official Form 1)(04/13)

<b>United States Bankruptcy Court</b> <b>Western District of Missouri</b>		<b>Voluntary Petition</b>
Name of Debtor (if individual, enter Last, First, Middle): <b>Kendallwood Hospice Company</b>		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) <b>43-1555507</b>		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): <b>10015 N. Ambassador Drive</b> <b>Suite 202</b> <b>Kansas City, MO</b> <div style="text-align: right; margin-top: 5px;">ZIP Code <b>64153</b></div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right; margin-top: 5px;">ZIP Code</div>
County of Residence or of the Principal Place of Business: <b>Platte</b>		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right; margin-top: 5px;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; margin-top: 5px;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):		
<b>Type of Debtor</b> (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:	<b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<b>Nature of Debts</b> (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Chapter 11 Debtors</b> Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 ( <i>amount subject to adjustment on 4/01/16 and every three years thereafter</i> ). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
<b>Estimated Number of Creditors</b> <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000		
<b>Estimated Assets</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
<b>Estimated Liabilities</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

Kendallwood Hospice Company

**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: - None -

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

- None -

Case Number:

Date Filed:

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X**

Signature of Attorney for Debtor(s)

(Date)

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☐ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

Kendallwood Hospice Company

**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
Signature of Debtor

**X** \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

\_\_\_\_\_  
Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_  
Signature of Foreign Representative

\_\_\_\_\_  
Printed Name of Foreign Representative

\_\_\_\_\_  
Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
Address

**X** \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

\_\_\_\_\_  
Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

\_\_\_\_\_  
If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

\_\_\_\_\_  
*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.*

**Signature of Attorney\***

**X** /s/ Colin Gotham  
Signature of Attorney for Debtor(s)

Colin Gotham KS#19538; MO#52343

Printed Name of Attorney for Debtor(s)

Evans & Mullinix, P.A.

Firm Name

7225 Renner Road, Suite 200  
Shawnee, KS 66217

\_\_\_\_\_  
Address

(913) 962-8700 Fax: (913) 962-8701

Telephone Number

June 15, 2015

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ Carla Barksdale  
Signature of Authorized Individual

Carla Barksdale

Printed Name of Authorized Individual

General Counsel

Title of Authorized Individual

June 15, 2015

Date

**United States Bankruptcy Court  
Western District of Missouri**

In re Kendallwood Hospice Company

Debtor(s)

Case No.

Chapter 11

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
- |   |    |                 |
|---|----|-----------------|
| For legal services, I have agreed to accept .....           | \$ | <u>Hourly</u>   |
| Prior to the filing of this statement I have received ..... | \$ | <u>2,000.00</u> |
| Balance Due upon approval of court .....                    | \$ | <u>Unknown</u>  |
2. \$ 1,717.00 of the filing fee has been paid.
3. The source of the compensation paid to me was:  
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:  
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:  
Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceedings, reaffirmations and redemptions.

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: June 15, 2015

/s/ Colin Gotham

Colin Gotham KS#19538; MO#52343  
Evans & Mullinix, P.A.  
7225 Renner Road, Suite 200  
Shawnee, KS 66217  
(913) 962-8700 Fax: (913) 962-8701

A & M Heating-Cooling  
513 S 4th Street  
Saint Joseph MO 64501

Abbey Woods Living /Rehab Ctr.  
5026 Faraon  
Saint Joseph MO 64506

Advacare System  
Unlimited Advacare, Inc.  
23838 Network Place  
Chicago IL 60673-1238

AFLAC  
1932 Wynnton Road  
Columbus GA 31999-0001

ALL State Fire Equipment  
PO Box 1963  
Independence MO 64055-1963

Allscripts  
222 Merchandise Mart Plaza  
Suite 2024  
Chicago IL 60654

American Medical Response Co.  
PO Box 847199  
Dallas TX 75284-7199

Apria Healthcare, Inc.  
1798 Solutions Center  
Chicago IL 60677

Armour Oaks  
8100 Wornall Road  
Kansas City MO 64114

Assisted Transportation  
101 South Kansas Avenue  
Topeka KS 66603

AT&T  
PO Box 5001  
Carol Stream IL 60197-5001

AT&T Mobility  
PO Box 6463  
Carol Stream IL 60197-6463

Atchison County EMS  
1321 West 3rd Street  
Atchison KS 66002-1243

ATD International Corp  
5439 Merriam Drive  
Shawnee Mission KS 66203

Bank of Liberty  
Attn Martin J Weishaar  
9200 N.E. Barry Road  
Kansas City MO 64157-1209

BankLiberty  
16 W. Franklin Street  
Liberty MO 64068

Boyce Bynum Path Lab PC  
PO Box 7406  
Columbia MO 65205

BP Business Solutions  
PO Box 70995  
Charlotte NC 28272-0995

Card Services  
PO Box 875852  
Kansas City MO 64187-5852

Cintas Document Mngt.  
PO Box 633842  
Cincinatti OH 45263

City Of St. Joseph  
Attn: Utility Billing  
PO Box 411458  
Kansas City MO 64141

Clay County Collector  
Attn: Administration Buildling  
1 Court House Square  
Liberty MO 64068-2368

Community Medical Center  
3307 No Barada Street  
PO Box 399  
Falls City NE 68355-0399

Curaspan Health Group, INC  
Dept 2869  
PO Box 122869  
Dallas TX 75312-2869

Dan's Lawn Service, LLC  
4804 Northeast 137th Street  
Smithville MO 64089

Deffenbaugh Disposal Service  
PO Box 3249  
Shawnee KS 66203-0249

Diversicare of St. Joseph, LLC  
3002 North 18th Street  
Saint Joseph MO 64505

Electromed, Inc.  
500 Sixth Avenue NW  
New Prague MN 56071

Enterprise Fleet Management  
Attn Customer Billing  
PO Box 800089  
Kansas City MO 64180-0089

eSOLUTIONS, Inc.  
WS# 165  
PO Box 414378  
Kansas City MO 64141

Gladestone Area Chamber of Commerce  
6913 North Cherry Street  
Gladstone MO 64118

Heartland RMC  
PO Box 802223  
Kansas City MO 64180-2223

Hinckley Springs  
PO Box 660579  
Dallas TX 75266-0579

Humana Pharmacy Solutions Inc  
PO Box 223882  
Pittsburgh PA 15251-2882

HY-VEE #1321  
207 NE Englewood Road  
Kansas City MO 64118

HY-VEE #1552  
201 North Belt Highway  
ST. Joseph MO 64506

Independence Chamber of Commerce  
PO Box 1077  
Independence MO 64051

Independence Medical  
PO Box 635864  
Cincinnati OH 45263-5864

Internal Revenue Service  
Centralized Insolvency Ops  
PO Box 7346  
Philadelphia PA 19101-7346

Internal Revenue Service  
Attn: Insolvency/Advisory  
Mail Stop 5334 LSM  
2850 NE Independence Ave  
Lees Summit MO 64064

John H. Duda  
Systems Analyst  
1201 NW 73rd Terrace  
Kansas City MO 64118



Jorden Investments, LLC  
5041 West 127th Terrace  
Leawood KS 66209

Kansas City Power & Light  
PO Box 219330  
Kansas City MO 64121-9330

KCMO Water Services Dept.  
PO Box 807045  
Kansas City MO 64180-7045

Keep It Clean  
K. I. C. Inc.  
PO Box 3006, Stat A  
Saint Joseph MO 64503

Ken's Koffee Service  
2407 Garfield  
Saint Joseph MO 64503

Kentfield Pharmacy LLC  
11144 Renner Blvd.  
Lenexa KS 66219

Kessinger Law Firm P.C.  
200 NW Englewood Road, Ste. B  
Kansas City MO 64118

Kian Shafe  
9209 Rocky Point Drive  
Kansas City MO 64152

KS University Physicians, Inc.  
4070 Delp Attn: Tammy Lau  
3901 Rainbow Blvd.  
Kansas City KS 66160-7816

LabCorp Of America Holdings  
PO Box 2240  
Burlington NC 27216-2240

Laverna Village-St Joseph  
1317 N. 36th Street  
Saint Joseph MO 64506

Liberty Hospital  
2525 Glenn Hendrenn Drive  
Liberty MO 64068

Living Community Of St Joseph  
1202 Heartland Road  
Saint Joseph MO 64506

LOWE'S  
PO Box 530954  
Atlanta GA 30353-0954

Majestic Franchising, Inc.  
dba Jani-King Kansas City  
14821 W 95th Street  
Lenexa KS 66215

Marmic Fire-Safety  
Kansas City/St. Joseph Office  
PO Box 1086  
Joplin MO 64802

McKesson Medical-Surgical  
Minnesota Supply Inc.  
PO Box 630693  
Cincinnati OH 45263-0693

McRuer & Associates, LLC  
1251 NW Briarcliff Parkway  
Suite 100  
Kansas City MO 64116

Med Depot Holdings, Inc.  
PO Box 678007  
Dallas TX 75267-8007

MedAccountant Support Services, Inc  
4909 NW 80th Terrace  
Kansas City MO 64151

Medline Industries, Inc.  
Dept. 1080  
PO Box 121080  
Dallas TX 75312-1080

Medline-1500525  
Dept 1080  
PO Box 121080  
Dallas TX 75312-1080

Metro Message Service  
4701 College Blvd, Ste. 110  
Leawood KS 66211

Midwest Respiratory Care, Inc.  
9931 S 136th Street  
Omaha NE 68138

Mir K Shafe'  
9209 Rocky Point Drive  
Weatherby Lake MO 64152

Missouri Dept of Revenue  
Taxation Division  
PO Box 385  
Jefferson City MO 65105-0385

Missouri Gas Energy  
PO Box 219255  
Kansas City MO 64121-9255

Missouri-American Water Co.  
PO Box 94551  
Palatine IL 60094-4551

Mobile Medical  
306 S Belt Hwy  
Saint Joseph MO 64506-3418

MOBILEX USA  
PO Box 17452  
Baltimore MD 21297-1452

Mosaic Life Care  
5325 Faraon Street  
Saint Joseph MO 64506

Morris Publishing Group  
PO Box 1486  
Augusta GA 30903-1486

Multi-View, Inc.  
MULTI-VIEW, INC.  
PO Box 2327  
Hendersonville NC 28793

North Kansas City Hospital  
PO Box 504654  
Saint Louis MO 63150-4654

Northland Regional Chamber  
634 NW Englewood Road  
Kansas City MO 64118

Northwest Health Services

NPG Printing Company  
825 Edmond Street  
PO Box 29  
Saint Joseph MO 64502

NYHART  
8415 Allison Pointe Blvd  
Suite 300  
Indianapolis IN 46250

OFFICEMAX #2698  
75 Remittance Drive  
Chicago IL 60675-2698

Oregon Care Center  
501 South Monroe  
PO Box 19  
Oregon MO 64473

Otho A. Barnes, Jr.  
PO Box 8186  
Saint Joseph MO 64508

Pain Management Assoc.  
PO Box 802234  
Kansas City MO 64180-2234

PC MALL  
FILE 55327  
Los Angeles CA 90074

Physicians Reference Laboratory  
PO Box 875865  
Kansas City MO 64187-5865

Pitney Bowes Financial Services  
PO Box 371887  
Pittsburg PA 15250-7887

Platte County Tax Collector  
c/o Sheila Palmer  
415 Third St., Rm 212  
Platte City MO 64079

Pleasant Valley Manor  
6814 Sobbie Road  
Pleasant Valley MO 64068

Pleasant View  
PO Box 273  
Rock Port MO 64482

PRESTO-X  
PO Box 14087  
Reading PA 19612-4087

Print Time, Inc  
11717 West 112th Street  
Overland Park KS 66210

Purchase Power  
Pitney Bowes  
PO Box 371874  
Pittsburgh PA 15250-7874

Quest Diagnostics Inc  
PO Box 14730  
St. Louis MO 63150-4730

RCH Loan Servicing  
360 Central Avenue  
Suite 1220  
Saint Petersburg FL 33701

Regional Emergency  
Medical Serv Authority  
PO Box 802223  
Kansas City MO 64180-2223

Response Digital  
PO Box 876  
Lee's Summitt MO 64063

Riverside Place  
Diversicare of Riverside, LLC  
1616 Weisenborn Road  
Saint Joseph MO 64507

Robert Faye

Rogers Pharmacy in Tarkio  
411 Main Street  
Tarkio MO 64491

RX Alternatives  
1415 Village Drive  
Saint Joseph MO 64506

S I Consulting  
10015 N Ambassador Drive  
Ste. 100  
Kansas City MO 64153

Saxton Health Care Inn  
3002 N 18th Street  
Saint Joseph MO 64505

Saxton Riverside Care Center  
1616 Weisenborn Road  
Saint Joseph MO 64507

Senior Awareness

Spencer Fane Britt Browne LLP  
PO Box 872037  
Kansas City MO 64187-2037

St Joseph Area Chamber of Commerce  
3003 Frederick Avenue  
Saint Joseph MO 64506-5104

Susan Fay Trust

Tarkio Family Practice  
102 S 6th Street  
Tarkio MO 64491

The Red Force Fire & Security  
1030 G West 23rd Street  
Independence MO 64055

The Sports Page  
PO Box 108  
Savannah MO 64485

Tiger Text, Inc.  
2110 Broadway  
Santa Monica CA 90404

Timberlake Care Center  
12110 Holmes Road  
Kansas City MO 64145-1707

U S Healthworks  
Med Group KC, PA  
PO Box 742556  
Atlanta GA 30374-2556

Unified Government of Wyandotte Co  
PO Box 175014  
KANSAS CITY KS 66117-5014

Univ Of Kansas Hospital  
3901 Rainbow Blvd.  
Kansas City KS 66160

Universal Management Services  
8559 N Line Creek Parkway  
Kansas City MO 64150

University OF Kansas-CCP  
Cancer Center Physicians  
PO Box 804402  
Kansas City MO 64180-4402

US Attorney - Kansas  
US Courthouse  
500 State Avenue, Rm 360  
Kansas City KS 66101

US Attorney - Missouri  
US Courthouse  
400 E 9th 5th Fl  
Kansas City MO 64106

Uvanta Pharmacy - Kansas City  
11144 Renner Blvd.  
Lenexa KS 66219

Wathena Heathcare and Rehabilitation  
2112 Highway 36  
Wathena KS 66090

Windstream Communications  
PO Box 9001950  
Louisville KY 40290-1950

Wolters Kluwer Health, Inc.  
62526 Collections Center Drive  
Chicago IL 60693

Yellow Pages  
PO Box 5010  
Carol Stream IL 60197-5010



**United States Bankruptcy Court  
Western District of Missouri**

In re Kendallwood Hospice Company

Debtor(s)

Case No.

Chapter

11

**VERIFICATION OF MAILING MATRIX**

The above-named Debtor(s) hereby verifies that the attached list of creditors is true and correct to the best of my knowledge and includes the name and address of my ex-spouse (if any).

Date: June 15, 2015

/s/ Carla Barksdale

Carla Barksdale/General Counsel

Signer/Title

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court  
Western District of Missouri**

In re Kendallwood Hospice Company

Debtor(s)

Case No.

Chapter 11

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Kian Shafe 9209 Rocky Point Drive Kansas City, MO 64152	Kian Shafe 9209 Rocky Point Drive Kansas City, MO 64152			824,536.22 (0.00 secured)
RCH Loan Servicing 360 Central Avenue Suite 1220 Saint Petersburg, FL 33701	RCH Loan Servicing 360 Central Avenue Suite 1220 Saint Petersburg, FL 33701	2908 NW Vivion, Riverside MO 64150 - Riverside, Book-Page 996-329, County of Platte, Missouri		954,001.96 (600,000.00 secured)
Uvanta Pharmacy - Kansas City 11144 Renner Blvd. Lenexa, KS 66219	Uvanta Pharmacy - Kansas City 11144 Renner Blvd. Lenexa, KS 66219	Trade Payable		120,629.61
Advacare System Unlimited Advacare, Inc. 23838 Network Place Chicago, IL 60673-1238	Advacare System Unlimited Advacare, Inc. 23838 Network Place Chicago, IL 60673-1238	Trade Payable		74,693.40
RX Alternatives 1415 Village Drive Saint Joseph, MO 64506	RX Alternatives 1415 Village Drive Saint Joseph, MO 64506	Trade Payable		69,910.77
Riverside Place Diversicare of Riverside, LLC 1616 Weisenborn Road Saint Joseph, MO 64507	Riverside Place Diversicare of Riverside, LLC 1616 Weisenborn Road Saint Joseph, MO 64507	Trade Payable		45,379.84
KS University Physicians, Inc. 4070 Delp Attn: Tammy Lau 3901 Rainbow Blvd. Kansas City, KS 66160-7816	KS University Physicians, Inc. 4070 Delp Attn: Tammy Lau 3901 Rainbow Blvd. Kansas City, KS 66160-7816	Trade Payable		41,777.78
Allscripts 222 Merchandise Mart Plaza Suite 2024 Chicago, IL 60654	Allscripts 222 Merchandise Mart Plaza Suite 2024 Chicago, IL 60654	Trade payable		36,865.52
Kentfield Pharmacy LLC 11144 Renner Blvd. Lenexa, KS 66219	Kentfield Pharmacy LLC 11144 Renner Blvd. Lenexa, KS 66219	Supplies		31,413.00 (0.00 secured)

B4 (Official Form 4) (12/07) - Cont.

In re Kendallwood Hospice Company

Case No.

Debtor(s)

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Midwest Respiratory Care, Inc. 9931 S 136th Street Omaha, NE 68138	Midwest Respiratory Care, Inc. 9931 S 136th Street Omaha, NE 68138	Trade Payable		30,974.50
Pleasant View PO Box 273 Rock Port, MO 64482	Pleasant View PO Box 273 Rock Port, MO 64482	Trade Payable		27,240.94
Laverna Village-St Joseph 1317 N. 36th Street Saint Joseph, MO 64506	Laverna Village-St Joseph 1317 N. 36th Street Saint Joseph, MO 64506	Trade payable		23,819.87
Abbey Woods Living /Rehab Ctr. 5026 Faraon Saint Joseph, MO 64506	Abbey Woods Living /Rehab Ctr. 5026 Faraon Saint Joseph, MO 64506	Trade Payable		22,610.08
Spencer Fane Britt Browne LLP PO Box 872037 Kansas City, MO 64187-2037	Spencer Fane Britt Browne LLP PO Box 872037 Kansas City, MO 64187-2037	Attorney fees		22,385.50
Saxton Riverside Care Center 1616 Weisenborn Road Saint Joseph, MO 64507	Saxton Riverside Care Center 1616 Weisenborn Road Saint Joseph, MO 64507	Trade Payable		21,978.09
Enterprise Fleet Management Attn Customer Billing PO Box 800089 Kansas City, MO 64180-0089	Enterprise Fleet Management Attn Customer Billing PO Box 800089 Kansas City, MO 64180-0089	Trade Payable		19,077.24
Card Services PO Box 875852 Kansas City, MO 64187-5852	Card Services PO Box 875852 Kansas City, MO 64187-5852	Trade Payable		17,834.39
S I Consulting 10015 N Ambassador Drive Ste. 100 Kansas City, MO 64153	S I Consulting 10015 N Ambassador Drive Ste. 100 Kansas City, MO 64153	Trade Payable		15,173.00
Diversicare of St. Joseph, LLC 3002 North 18th Street Saint Joseph, MO 64505	Diversicare of St. Joseph, LLC 3002 North 18th Street Saint Joseph, MO 64505	Trade Payable		11,543.00
McRuer & Associates, LLC 1251 NW Briarcliff Parkway Suite 100 Kansas City, MO 64116	McRuer & Associates, LLC 1251 NW Briarcliff Parkway Suite 100 Kansas City, MO 64116	Trade Payable		10,375.00

B4 (Official Form 4) (12/07) - Cont.

In re Kendallwood Hospice Company

Debtor(s)

Case No. \_\_\_\_\_

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

(Continuation Sheet)

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the General Counsel of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date June 15, 2015

Signature /s/ Carla Barksdale

Carla Barksdale

General Counsel

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court  
Western District of Missouri**

In re Kendallwood Hospice Company,  
Debtor

Case No. \_\_\_\_\_

Chapter 11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007(a)(3) for filing in this chapter 11 case.

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
---	-------------------	-------------------------	---------------------

None

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the General Counsel of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date June 15, 2015

Signature /s/ Carla Barksdale  
Carla Barksdale  
General Counsel

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C §§ 152 and 3571.

**United States Bankruptcy Court**  
**Western District of Missouri**

In re Kendallwood Hospice Company,  
Debtor

Case No. \_\_\_\_\_

Chapter 11

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	600,000.00		
B - Personal Property	Yes	10	2,486,256.11		
C - Property Claimed as Exempt	No	0			
D - Creditors Holding Secured Claims	Yes	2		2,219,075.58	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	23		745,667.14	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	No	0			N/A
J - Current Expenditures of Individual Debtor(s)	No	0			N/A
Total Number of Sheets of ALL Schedules		41			
Total Assets			3,086,256.11		
Total Liabilities				2,964,742.72	

**United States Bankruptcy Court**  
**Western District of Missouri**

In re Kendallwood Hospice Company,  
Debtor

Case No. \_\_\_\_\_

Chapter 11

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

**State the following:**

Average Income (from Schedule I, Line 12)	
Average Expenses (from Schedule J, Line 22)	
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14 )	

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

In re Kendallwood Hospice Company

Case No. \_\_\_\_\_

Debtor

**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
2908 NW Vivion, Riverside MO 64150 - Riverside, Book-Page 996-329, County of Platte, Missouri	Fee simple	-	600,000.00	954,001.96
4403 S. Belt Highway, St. Joseph, MO - SUB:HOMEWOOD TERRACE LOT:4 BLK:2 LGL DESC:BEG SE COR L4 IN HOMEWOOD TERRACE TH NLY ALG E/L L4-5-6 TO NE COR L6 TH NWLY 34.32' TO SE COR L2 BLK 6 TH N 18' W 103' S 168' E ALG E/L EXT OF S/L L4 BLK 1 15' TH S 30' E 131.66' TO POB ALSO EASEMENTS	Fee simple	-	Unknown	335,585.40
Riverside, MO - County of Platte (run down house) - Parcel No. 23-2.0-04-200001-022.000, Book 996-329, County of Platte, Missouri	Fee simple	-	Unknown	0.00

---

Sub-Total > 600,000.00 (Total of this page)

---

Total > 600,000.00

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property



In re Kendallwood Hospice Company

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Bank of Liberty - checking account	-	0.00
		Bank of Weston - checking account	-	8,000.00
		Blue Bank & Trust	-	800.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > 8,800.00  
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

In re Kendallwood Hospice Company

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.		Accounts Receivable - \$1,000,000.00 (Debtor expects to receive approximately \$400,000.00).	-	400,000.00
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
Sub-Total >				400,000.00
(Total of this page)				

Sheet 1 of 2 continuation sheets attached to the Schedule of Personal Property

In re Kendallwood Hospice Company

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.		See attached "Fixed Assets Schedule 2013"	-	2,077,456.11
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > 2,077,456.11  
(Total of this page)

Total > 2,486,256.11

(Report also on Summary of Schedules)

Sheet 2 of 2 continuation sheets attached  
to the Schedule of Personal Property

	ASSET #	DATE ACQ'D	COST
2005 Honda Civic	2	11/22/2006	\$10,922.00
2002 Chevy Van-DME	3	10/16/2007	\$9,600.00
Printers	6	9/18/2002	\$2,879.00
5 Dell Computers	7	10/1/2002	\$16,364.00
Laptop	11	7/2/2004	\$2,150.00
7 Dell Computers	12	6/1/2005	\$6,540.00
Tape Drive	14	2/20/2006	\$1,639.00
Dell Computer Server	15	10/4/2006	\$1,552.00
Dell Servers	16	4/24/2008	\$14,327.00
Nextel Phones	17	5/11/2008	\$567.00
Nextel Phones	17	5/11/2008	(\$567.00)
3 Computers	18	7/16/2008	\$3,393.00
5 Computers	19	8/25/2008	\$5,255.00
2 Widescreen LCD Monitors	20	11/30/2008	\$316.00
Server-Power Backup	21	12/15/2008	\$469.00
Newegg Monitor	22	12/31/2008	\$130.00
Data Processing Software	23	5/31/2002	\$27,720.00
CYMA Software	26	1/28/2003	\$1,035.00
CYMA Upgrade	28	12/9/2005	\$695.00
MISYS-5 Addtl Users	30	9/3/2008	\$18,735.00
Medical Equipment (unlisted)	34	3/1/2001	\$1,030.00
Medical Equipment	35	6/1/2001	\$750.00
3 Pulse Oximeters	36	6/10/2003	\$1,350.00
3 Pulse Oximeters	37	1/31/2003	\$1,350.00
3 Pulse Oximeters	38	1/27/2004	\$1,393.00
Bi-Pap Machine - Used	39	4/14/2005	\$3,000.00
4 Pulse Oximeters	40	8/3/2005	\$1,504.00
Pulse Oximeters	41	4/11/2006	\$550.00
Wheelchair	42	5/1/2006	\$3,197.00
Wheelchair Modification	43	10/15/2007	\$1,268.00
4 Pulse Oximeters	44	11/20/2007	\$1,085.00
5 Pulse Oximeters	45	3/18/2008	\$940.00
2 Concentrators	46	7/29/2008	\$950.00
Office Equipment (unlisted)	47	11/1/1997	\$1,500.00
Desks	50	9/28/2004	\$1,400.00
9 Hon Desks-Riverside	51	10/12/2005	\$2,031.00

**KENDALLWOOD HOSPICE  
FIXED ASSETS SCHEDULE 2013**

	<b>ASSET #</b>	<b>DATE ACQ'D</b>	<b>COST</b>
Office Furniture-NW	<b>55</b>	<b>9/6/2006</b>	<b>\$1,538.00</b>
Shredder-KC	<b>57</b>	<b>5/20/2008</b>	<b>\$1,600.00</b>
Add'l Telephone Equip	<b>59</b>	<b>5/27/2008</b>	<b>\$1,211.00</b>
Office & Computer Desks	<b>60</b>	<b>6/3/2008</b>	<b>\$797.00</b>
HP Laser Jet Printer-SJ	<b>63</b>	<b>10/23/2008</b>	<b>\$278.00</b>
Savin Copier-SJ	<b>64</b>	<b>10/27/2008</b>	<b>\$880.00</b>
Building 2908 NW Vivion Road	<b>65</b>	<b>3/6/2003</b>	<b>\$857,907.00</b>

	ASSET #	DATE ACQ'D	COST
Land - 2908 Vivion Road	66	3/6/2003	\$95,000.00
Air conditioner	67	3/17/2004	\$2,017.00
Office Expansion IMP-KC	68	7/1/2006	\$14,393.00
Water Heater	69	4/14/2007	\$453.00
Replacement A/C-2848	70	8/15/2007	\$1,266.00
Land - Barnes Property	71	1/8/2007	\$20,000.00
Building Barnes Property	72	1/8/2007	178,427.00
<b>Land-443 S Belt Hwy St. Joe</b>	74	10/7/2009	\$37,500.00
Building - 443 S Belt Hwy	75	10/7/2009	\$358,895.00
Building Improvements	76	10/7/2009	\$150,578.00
CEC Color Printer	77	1/21/2009	\$400.00
5 Dell Computers	78	2/3/2009	\$6,581.00
3 Dell Monitors - SJ	79	7/31/2009	\$702.00
Dell Vostro 420 Computer	80	9/16/2009	\$1,442.00
Laser Jet M1522-Erausch	81	10/15/2009	\$291.00
Allscripts	82	1/28/2009	\$4,200.00
Web Page Development	83	12/4/2009	\$3,385.00
38 SYMC Protection	84	10/22/2009	\$1,303.00
Corel Draw	85	10/15/2009	\$379.00
2 Pulse Oximeters	86	9/25/2009	\$240.00
12 Nebulizers	87	9/8/2009	\$402.00
Steam Cleaner - Med Equip	88	9/18/2009	\$150.00
3 Pulse Oximeters	89	10/5/2009	\$360.00
34002PML Desk-SJ	90	2/5/2009	\$379.00
Fax Machine-SJ	91	2/16/2009	\$300.00
Shredder-SJ	92	3/13/2009	\$1,790.00
Cub Cadet LTX 1045 Mower	93	4/29/2009	\$1,578.00
Fax Machine-Spare	94	5/4/2009	\$300.00
CEC LCD Telephone	95	8/24/2009	\$285.00
B&S Push Mower	96	8/21/2009	\$149.00
Metal Mail Slot Shelving	97	9/18/2009	\$150.00
4 HON Desk-SJ	98	10/6/2009	\$1,516.00
6 Desks-Midwest Office-SJ	99	10/10/2009	\$921.00
Conf Table, 20 Chairs-SJ	100	10/10/2009	\$937.00
Shelving & Mats-SJ	101	10/10/2009	\$553.00
Ricoh 4500 Copier-SJ	102	10/23/2009	\$6,000.00

**KENDALLWOOD HOSPICE  
FIXED ASSETS SCHEDULE 2013**

	<b>ASSET #</b>	<b>DATE ACQ'D</b>	<b>COST</b>
Ricoh 20 Copier-KC	103	10/23/2009	\$1,995.00
Fax Machine-KC	104	11/2/2009	\$278.00
Building Sign	105	12/21/2009	\$2,832.00
2 HP Laser Jet Printers	106	12/1/2009	\$400.00
2 Cisco Routers	107	12/3/2009	\$593.00
Electric Bed Hand Control	108	12/1/2009	\$200.00
Office Furniture - SJ	109	12/16/2009	\$1,504.00
Parking Lot Paving / Trench-Vivion Road	110	5/1/2010	\$4,770.00
2 Dell Computers	111	7/14/2010	\$3,423.00
Server Software	112	6/22/2010	\$245.00
Lift & Wheel Chairs	113	7/22/2010	\$820.00
3 Office Chairs	114	6/11/2010	\$280.00
Projector	115	5/1/2010	\$950.00

	ASSET #	DATE ACQ'D	COST
3 Ton A/C Unit	116	6/21/2010	\$1,685.00
Parking Lot Paving/ Trench-Vivion Road	117	6/16/2010	\$6,775.00
3 HomeFill Systems	118	5/24/2010	\$600.00
Web Page Development	119	12/31/2008	\$3,000.00
Ricoh 1055 Copier - KC	123	8/24/2010	\$1,500.00
Ricoh 1055 Copier - KC	123	8/24/2010	(\$1,500.00)
02 Chevy Van New Engine	125	8/20/2010	\$5,775.00
Student Desk - SJ	126	8/13/2010	\$404.00
40 Gal Water Heater	127	1/29/2010	\$778.00
Building Sign	128	2/9/2010	\$1,360.00
129 Comp Equip Back Up Exec 1/01/10	129	1/1/2010	\$661.00
PC Tablet (130)	130	3/16/2010	\$1,766.00
3 Dell Computers (120-122)	131	11/1/2010	\$4,555.00
Web Development Final	132	1/27/2010	\$750.00
15 Small Office - BS ED	133	2/19/2010	\$1,406.00
PC Tablet Soft 1SBE07	134	3/16/2010	\$104.00
Compressor w/ Nebulizer	135	3/22/2010	\$509.00
LCD Telephone - ADM ASST	136	9/16/2010	\$284.00
LCD Telephone - ADM ASST	137	10/21/2010	\$287.00
Laser Printer P2035N	138	10/22/2010	\$242.00
Desk/File Cabinet - ERAUSCH	139	11/1/2010	\$260.00
Ricoh Aficio 1055-SJ	140	12/27/2010	\$1,500.00
5 Ton AC-SJ	162	8/26/2011	\$1,727.00
Glass Door - SJ	171	9/26/2011	\$2,216.00
3 Dell Computers (124-126)	172	1/14/2011	\$4,271.00
5 Tablets (131-135)	173	1/18/2011	\$9,109.00
3 Dell Computers (127-129)	174	1/28/2011	\$4,619.00
KS Office Server	175	3/10/2011	\$5,260.00
Offsite Backup Support KC	176	4/8/2011	\$940.00
72 AT&T Cell Phones	177	6/1/2011	\$3,886.00
Networking Hardware - CISCO	178	9/6/2011	\$1,367.00
2 AT&T Cell Phones	179	8/8/2011	\$200.00
2 AT&T Cell Phones	180	11/8/2011	\$200.00
1 AT&T Cell Phone	181	12/8/2011	\$100.00
5 CHT Off Std 2010 Codes	182	1/18/2011	\$360.00
6 Homecare Clinical Lic	183	1/25/2011	\$19,980.00



**KENDALLWOOD HOSPICE  
FIXED ASSETS SCHEDULE 2013**

	<b>ASSET #</b>	<b>DATE ACQ'D</b>	<b>COST</b>
6 CHT Off Std 2010	<b>184</b>	<b>1/28/2011</b>	<b>\$339.00</b>
6 Acrobat Pro 10 Win	<b>185</b>	<b>1/31/2011</b>	<b>\$900.00</b>
SQL Server Software	<b>186</b>	<b>8/11/2011</b>	<b>\$1,690.00</b>
Upgrade Backup Software	<b>187</b>	<b>8/18/2011</b>	<b>\$611.00</b>
Ease US Partition Server	<b>188</b>	<b>8/14/2011</b>	<b>\$138.00</b>
Phone & Cable Wiring - KS	<b>189</b>	<b>3/3/2011</b>	<b>\$2,902.00</b>
6 GEO Foam Mattresses	<b>190</b>	<b>2/28/2011</b>	<b>\$1,025.00</b>
2 Pulse Oxymeters	<b>191</b>	<b>4/20/2011</b>	<b>\$195.00</b>
Bed Rails	<b>192</b>	<b>6/14/2011</b>	<b>\$169.00</b>
4 Pulse Oxymeters	<b>193</b>	<b>11/8/2011</b>	<b>\$247.00</b>
4 SPS 1080 Mattresses	<b>194</b>	<b>12/14/2011</b>	<b>\$800.00</b>
7 Picture & EZ Boards	<b>195</b>	<b>12/13/2011</b>	<b>\$103.00</b>

**KENDALLWOOD HOSPICE  
FIXED ASSETS SCHEDULE 2013**

	<b>ASSET #</b>	<b>DATE ACQ'D</b>	<b>COST</b>
Desk, Workstation - KS	196	1/3/2011	\$330.00
Telephone System - KS	197	1/13/2011	\$2,470.00
2 Fax Machines	198	1/25/2011	\$576.00
Bookcase & File Cabinet	199	1/28/2011	\$60.00
3 Printers P2035 62 63 64	200	2/9/2011	\$645.00
1 Printer P1606 - 67	201	3/1/2011	\$178.00
Student Desk	202	3/22/2011	\$411.00
3 LCD Phones-CEC	203	3/23/2011	\$885.00
2 Printers P1606 68, 69	204	3/24/2011	\$446.00
Shredder - KS	205	3/29/2011	\$200.00
Ricoh Aficio 2035-CEC	206	5/26/2011	\$800.00
Ricoh Aficio 1515-RT	207	5/26/2011	\$650.00
M1212 Printer-072	208	7/25/2011	\$196.00
2060 Ricoh Copier-SJ	209	8/5/2011	\$1,200.00
Mail Slots-KS	210	8/9/2011	\$31.00
KS Office Furniture	211	8/1/2011	\$42.00
Chaplain Office Furn-KS 8/01/11	212	8/1/2011	\$20.00
2 Laserjet P1606DN 074-075 10/31/11	213	10/31/2011	\$357.00
Laserjet M1212 073 11/01/11	214	11/1/2011	\$199.00
Ricoh Afico 2051 KC 11/02/11	215	11/2/2011	\$1,350.00
4 Comdial Phones 12/28/11	216	12/28/2011	\$453.00
6 File Cabinets 12/22/11	217	12/22/2011	\$180.00
Telephone Wiring Upgrade	218	1/24/2011	\$2,230.00
Phone & Cable Wiring-CEC	219	3/24/2011	\$1,154.00
Glass Door-KS-CEC	220	10/27/2011	\$1,113.00
Roof	221	5/16/2011	2,116.00
Outside Painting	222	6/20/2011	1,052.00
HP 160 GB Removable Disk	223	12/29/2011	\$101.00
0089 Dell IPower Edge T320	224	8/31/2012	\$5,189.73

In re Kendallwood Hospice Company

Case No. \_\_\_\_\_

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			Line of Credit					
Creditor #: 1 BankLiberty 16 W. Franklin Street Liberty, MO 64068		-	Accounts & other rights to payment.					
			Value \$ 400,000.00				73,539.00	0.00
Account No.			Representing: BankLiberty				Notice Only	
Bank of Liberty Attn Martin J Weishaar 9200 N.E. Barry Road Kansas City, MO 64157-1209			Value \$					
Account No.			Purchase money security					
Creditor #: 2 Kentfield Pharmacy LLC 11144 Renner Blvd. Lenexa, KS 66219		-	Supplies					
			Value \$ 0.00				31,413.00	31,413.00
Account No.								
Creditor #: 3 Kian Shafe 9209 Rocky Point Drive Kansas City, MO 64152		-						
			Value \$ 0.00				824,536.22	824,536.22
Subtotal (Total of this page)							929,488.22	855,949.22

1 continuation sheets attached

B6D (Official Form 6D) (12/07) - Cont.

In re Kendallwood Hospice Company,

Debtor

Case No. \_\_\_\_\_

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
			DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No.			Deed of Trust					
Creditor #: 4 RCH Loan Servicing 360 Central Avenue Suite 1220 Saint Petersburg, FL 33701		-	2908 NW Vivion, Riverside MO 64150 - Riverside, Book-Page 996-329, County of Platte, Missouri					
			Value \$ 600,000.00				954,001.96	354,001.96
Account No.			4403 S. Belt Highway, St. Joseph, MO - SUB:HOMEWOOD TERRACE LOT:4 BLK:2 LGL DESC:BEG SE COR L4 IN HOMEWOOD TERRACE TH NLY ALG E/L L4-5-6 TO NE COR L6 TH NWLY 34.32' TO SE COR L2 BLK 6 TH N 18' W 103' S 168' E ALG E/L EXT OF S/L L4 BLK 1 15'					
Creditor #: 5 Robert Faye		-						
			Value \$ Unknown				34,518.45	Unknown
Account No.			4403 S. Belt Highway, St. Joseph, MO - SUB:HOMEWOOD TERRACE LOT:4 BLK:2 LGL DESC:BEG SE COR L4 IN HOMEWOOD TERRACE TH NLY ALG E/L L4-5-6 TO NE COR L6 TH NWLY 34.32' TO SE COR L2 BLK 6 TH N 18' W 103' S 168' E ALG E/L EXT OF S/L L4 BLK 1 15'					
Creditor #: 6 Susan Fay Trust		-						
			Value \$ Unknown				301,066.95	Unknown
Account No.								
			Value \$					
Account No.								
			Value \$					

Sheet 1 of 1 continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

Subtotal  
(Total of this page)

1,289,587.36

354,001.96

Total  
(Report on Summary of Schedules)

2,219,075.58

1,209,951.18

In re Kendallwood Hospice Company

Case No. \_\_\_\_\_

Debtor**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/13) - Cont.

In re Kendallwood Hospice Company

Debtor

Case No. \_\_\_\_\_

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

Taxes and Certain Other Debts  
Owed to Governmental Units

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
									AMOUNT ENTITLED TO PRIORITY
Account No.				For notice purposes					
Creditor #: 1 Internal Revenue Service Centralized Insolvency Ops PO Box 7346 Philadelphia, PA 19101-7346		-							0.00
								0.00	0.00
Account No.				Representing: Internal Revenue Service				Notice Only	
Internal Revenue Service Attn: Insolvency/Advisory Mail Stop 5334 LSM 2850 NE Independence Ave Lees Summit, MO 64064									
Account No.				Representing: Internal Revenue Service				Notice Only	
US Attorney - Kansas US Courthouse 500 State Avenue, Rm 360 Kansas City, KS 66101									
Account No.				Representing: Internal Revenue Service				Notice Only	
US Attorney - Missouri US Courthouse 400 E 9th 5th Fl Kansas City, MO 64106									
Account No.				For notice purposes					
Creditor #: 2 Missouri Dept of Revenue Taxation Division PO Box 385 Jefferson City, MO 65105-0385		-							0.00
								0.00	0.00
Subtotal									0.00
(Total of this page)								0.00	0.00

Sheet 1 of 2 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

In re Kendallwood Hospice Company,  
Debtor

Case No. \_\_\_\_\_

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

Taxes and Certain Other Debts  
Owed to Governmental Units

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
									AMOUNT ENTITLED TO PRIORITY
Account No.				For notice purposes					
Creditor #: 3 Platte County Tax Collector c/o Sheila Palmer 415 Third St., Rm 212 Platte City, MO 64079		-						0.00	0.00
Account No.									
Account No.									
Account No.									
Account No.									
Account No.									
Subtotal								0.00	0.00
(Total of this page)								0.00	0.00
Total								0.00	0.00
(Report on Summary of Schedules)								0.00	0.00

Sheet 2 of 2 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

In re Kendallwood Hospice Company

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H U S B A N D	W I F E				
Account No. Creditor #: 1 A & M Heating-Cooling 513 S 4th Street Saint Joseph, MO 64501							80.00
Account No. Creditor #: 2 Abbey Woods Living /Rehab Ctr. 5026 Faraon Saint Joseph, MO 64506							22,610.08
Account No. Creditor #: 3 Advacare System Unlimited Advacare, Inc. 23838 Network Place Chicago, IL 60673-1238							74,693.40
Account No. Creditor #: 4 AFLAC 1932 Wynnnton Road Columbus, GA 31999-0001							1,155.96
Subtotal (Total of this page)							98,539.44

22 continuation sheets attached



B6F (Official Form 6F) (12/07) - Cont.

In re Kendallwood Hospice Company,

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 5 ALL State Fire Equipment PO Box 1963 Independence, MO 64055-1963	-	Trade Payable				126.04
Account No. Creditor #: 6 Allscripts 222 Merchandise Mart Plaza Suite 2024 Chicago, IL 60654	-	Trade payable				36,865.52
Account No. Creditor #: 7 American Medical Response Co. PO Box 847199 Dallas, TX 75284-7199	-	Trade Payable				1,059.70
Account No. Creditor #: 8 Apria Healthcare, Inc. 1798 Solutions Center Chicago, IL 60677	-	Trade Payable				426.93
Account No. Creditor #: 9 Armour Oaks 8100 Wornall Road Kansas City, MO 64114	-	Trade Payable				3,971.06
Sheet no. <u>1</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 42,449.25

B6F (Official Form 6F) (12/07) - Cont.

In re Kendallwood Hospice Company,

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 10 Assisted Transportation 101 South Kansas Avenue Topeka, KS 66603	-	Trade Payable				335.00
Account No. Creditor #: 11 AT&T PO Box 5001 Carol Stream, IL 60197-5001	-	Trade Payable				354.56
Account No. Creditor #: 12 AT&T Mobility PO Box 6463 Carol Stream, IL 60197-6463	-	Trade Payable				1,741.69
Account No. Creditor #: 13 Atchison County EMS 1321 West 3rd Street Atchison, KS 66002-1243	-	Trade Payable				232.60
Account No. Creditor #: 14 ATD International Corp 5439 Merriam Drive Shawnee Mission, KS 66203	-	Trade Payable				450.00
Sheet no. <u>2</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 3,113.85

B6F (Official Form 6F) (12/07) - Cont.

In re Kendallwood Hospice Company,

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 15 Boyce Bynum Path Lab PC PO Box 7406 Columbia, MO 65205	-	Trade Payable				236.22
Account No. Creditor #: 16 BP Business Solutions PO Box 70995 Charlotte, NC 28272-0995	-	Trade Payable				104.06
Account No. Creditor #: 17 Card Services PO Box 875852 Kansas City, MO 64187-5852	-	Trade Payable				17,834.39
Account No. Creditor #: 18 Cintas Document Mngt. PO Box 633842 Cincinnati, OH 45263	-	Trade Payable				2,635.93
Account No. Creditor #: 19 City Of St. Joseph Attn: Utility Billing PO Box 411458 Kansas City, MO 64141	-	Trade Payable				81.88
Sheet no. <u>3</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 20,892.48

B6F (Official Form 6F) (12/07) - Cont.

In re Kendallwood Hospice Company,

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 20 Clay County Collector Attn: Administration Building 1 Court House Square Liberty, MO 64068-2368	-	Trade Payable				2,044.23
Account No. Creditor #: 21 Community Medical Center 3307 No Barada Street PO Box 399 Falls City, NE 68355-0399	-	Trade Payable				50.50
Account No. Creditor #: 22 Curaspan Health Group, INC Dept 2869 PO Box 122869 Dallas, TX 75312-2869	-	Trade Payable				2,200.00
Account No. Creditor #: 23 Dan's Lawn Service, LLC 4804 Northeast 137th Street Smithville, MO 64089	-	Trade Payable				2,073.00
Account No. Creditor #: 24 Deffenbaugh Disposal Service PO Box 3249 Shawnee, KS 66203-0249	-	Trade Payable				1,101.46
Sheet no. <u>4</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 7,469.19

In re Kendallwood Hospice Company

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 25 Diversicare of St. Joseph, LLC 3002 North 18th Street Saint Joseph, MO 64505	-	Trade Payable				11,543.00
Account No. Creditor #: 26 Electromed, Inc. 500 Sixth Avenue NW New Prague, MN 56071	-	Trade Payable				750.00
Account No. Creditor #: 27 Enterprise Fleet Management Attn Customer Billing PO Box 800089 Kansas City, MO 64180-0089	-	Trade Payable				19,077.24
Account No. Creditor #: 28 eSOLUTIONS, Inc. WS# 165 PO Box 414378 Kansas City, MO 64141	-	Trade Payable				1,220.00
Account No. Creditor #: 29 Gladestone Area Chamber of Commerce 6913 North Cherry Street Gladstone, MO 64118	-	Trade Payable				215.00
Sheet no. <u>5</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						32,805.24

B6F (Official Form 6F) (12/07) - Cont.

In re Kendallwood Hospice Company,

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 30 Heartland RMC PO Box 802223 Kansas City, MO 64180-2223	-	Trade Payable				1,426.25
Account No. Creditor #: 31 Hinckley Springs PO Box 660579 Dallas, TX 75266-0579	-	Trade Payable				516.41
Account No. Creditor #: 32 Humana Pharmacy Solutions Inc PO Box 223882 Pittsburgh, PA 15251-2882	-	Trade Payable				124.59
Account No. Creditor #: 33 HY-VEE #1321 207 NE Englewood Road Kansas City, MO 64118	-	Trade Payable				1,506.65
Account No. Creditor #: 34 HY-VEE #1552 201 North Belt Highway ST. Joseph, MO 64506	-	Trade Payable				1,467.90
Sheet no. <u>6</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						5,041.80

In re Kendallwood Hospice Company

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 35 Independence Chamber of Commerce PO Box 1077 Independence, MO 64051	-	Trade Payable				300.00
Account No. Creditor #: 36 Independence Medical PO Box 635864 Cincinnati, OH 45263-5864	-	Trade Payable				3.00
Account No. Creditor #: 37 John H. Duda Systems Analyst 1201 NW 73rd Terrace Kansas City, MO 64118	-	Trade Payable				625.00
Account No. Creditor #: 38 Jorden Investments, LLC 5041 West 127th Terrace Leawood, KS 66209	-	Trade Payable				295.38
Account No. Creditor #: 39 Kansas City Power & Light PO Box 219330 Kansas City, MO 64121-9330	-	Utilities				2,081.86
Sheet no. <u>7</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						3,305.24

B6F (Official Form 6F) (12/07) - Cont.

In re Kendallwood Hospice Company,

Case No. \_\_\_\_\_

Debtor

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 40 KCMO Water Services Dept. PO Box 807045 Kansas City, MO 64180-7045	-	Utilities				10,253.02
Account No. Creditor #: 41 Keep It Clean K. I. C. Inc. PO Box 3006, Stat A Saint Joseph, MO 64503	-	Trade Payable				450.00
Account No. Creditor #: 42 Ken's Koffee Service 2407 Garfield Saint Joseph, MO 64503	-	Trade Payable				237.00
Account No. Creditor #: 43 Kessinger Law Firm P.C. 200 NW Englewood Road, Ste. B Kansas City, MO 64118	-	Attorney fees				1,952.50
Account No. Creditor #: 44 KS University Physicians, Inc. 4070 Delp Attn: Tammy Lau 3901 Rainbow Blvd. Kansas City, KS 66160-7816	-	Trade Payable				41,777.78
Sheet no. <u>8</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						54,670.30



B6F (Official Form 6F) (12/07) - Cont.

In re Kendallwood Hospice Company,

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 45 LabCorp Of America Holdings PO Box 2240 Burlington, NC 27216-2240	-	Trade Payable				22.78
Account No. Creditor #: 46 Laverna Village-St Joseph 1317 N. 36th Street Saint Joseph, MO 64506	-	Trade payable				23,819.87
Account No. Creditor #: 47 Liberty Hospital 2525 Glenn Hendrenn Drive Liberty, MO 64068	-	Trade Payable				723.60
Account No. Creditor #: 48 Living Community Of St Joseph 1202 Heartland Road Saint Joseph, MO 64506	-	Trade Payable				278.95
Account No. Creditor #: 49 LOWE'S PO Box 530954 Atlanta, GA 30353-0954	-	Trade Payable				176.29
Sheet no. <u>9</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 25,021.49

B6F (Official Form 6F) (12/07) - Cont.

In re Kendallwood Hospice Company,

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 50 Majestic Franchising, Inc. dba Jani-King Kansas City 14821 W 95th Street Lenexa, KS 66215	-	Trade Payable				1,348.00
Account No. Creditor #: 51 Marmic Fire-Safety Kansas City/St. Joseph Office PO Box 1086 Joplin, MO 64802	-	Trade Payable				71.50
Account No. Creditor #: 52 McKesson Medical-Surgical Minnesota Supply Inc. PO Box 630693 Cincinnati, OH 45263-0693	-	Trade Payable				8,878.04
Account No. Creditor #: 53 McRuer & Associates, LLC 1251 NW Briarcliff Parkway Suite 100 Kansas City, MO 64116	-	Trade Payable				10,375.00
Account No. Creditor #: 54 Med Depot Holdings, Inc. PO Box 678007 Dallas, TX 75267-8007	-	Trade Payable				5,791.70
Sheet no. <u>10</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 26,464.24

In re Kendallwood Hospice Company,

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 55 MedAccountant Support Services, Inc 4909 NW 80th Terrace Kansas City, MO 64151	-	Trade Payable				1,469.00
Account No. Creditor #: 56 Medline Industries, Inc. Dept. 1080 PO Box 121080 Dallas, TX 75312-1080	-	Trade Payable				4,444.28
Account No. Creditor #: 57 Medline-1500525 Dept 1080 PO Box 121080 Dallas, TX 75312-1080	-	Trade Payable				342.05
Account No. Creditor #: 58 Metro Message Service 4701 College Blvd, Ste. 110 Leawood, KS 66211	-	Trade Payable				1,620.66
Account No. Creditor #: 59 Midwest Respiratory Care, Inc. 9931 S 136th Street Omaha, NE 68138	-	Trade Payable				30,974.50
Sheet no. <u>11</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						38,850.49

B6F (Official Form 6F) (12/07) - Cont.

In re Kendallwood Hospice Company,

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 60 Mir K Shafe' 9209 Rocky Point Drive Weatherby Lake, MO 64152	-	Loan				5,000.00
Account No. Creditor #: 61 Missouri Gas Energy PO Box 219255 Kansas City, MO 64121-9255	-	Utilities				287.87
Account No. Creditor #: 62 Missouri-American Water Co. PO Box 94551 Palatine, IL 60094-4551	-	Trade Payable				19.22
Account No. Creditor #: 63 Mobile Medical 306 S Belt Hwy Saint Joseph, MO 64506-3418	-					2,867.21
Account No. Creditor #: 64 MOBILEX USA PO Box 17452 Baltimore, MD 21297-1452	-	Trade Payable				1,103.95
Sheet no. <u>12</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 9,278.25

B6F (Official Form 6F) (12/07) - Cont.

In re Kendallwood Hospice Company,

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 65 Mocaic Life Care 5325 Faraon Street Saint Joseph, MO 64506	-	Trade Payable				59.03
Account No. Creditor #: 66 Morris Publishing Group PO Box 1486 Augusta, GA 30903-1486	-	Trade Payable				1,934.98
Account No. Creditor #: 67 Multi-View, Inc. MULTI-VIEW, INC. PO Box 2327 Hendersonville, NC 28793	-					2,550.00
Account No. Creditor #: 68 North Kansas City Hospital PO Box 504654 Saint Louis, MO 63150-4654	-	Trade Payable				580.00
Account No. Creditor #: 69 Northland Regional Chamber 634 NW Englewood Road Kansas City, MO 64118	-	Trade payable				400.00
Sheet no. <u>13</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 5,524.01

B6F (Official Form 6F) (12/07) - Cont.

In re Kendallwood Hospice Company,

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 70 Northwest Health Services	-					188.00
Account No. Creditor #: 71 NPG Printing Company 825 Edmond Street PO Box 29 Saint Joseph, MO 64502	-	Trade Payable				560.00
Account No. Creditor #: 72 NYHART 8415 Allison Pointe Blvd Suite 300 Indianapolis, IN 46250	-	Trade Payable				3,661.50
Account No. Creditor #: 73 OFFICEMAX #2698 75 Remittance Drive Chicago, IL 60675-2698	-	Trade Payable				1,846.21
Account No. Creditor #: 74 Oregon Care Center 501 South Monroe PO Box 19 Oregon, MO 64473	-	Trade Payable				598.52
Sheet no. <u>14</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 6,854.23

B6F (Official Form 6F) (12/07) - Cont.

In re Kendallwood Hospice Company,

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 75 Otho A. Barnes, Jr. PO Box 8186 Saint Joseph, MO 64508	-	Trade Payable				574.25
Account No. Creditor #: 76 Pain Management Assoc. PO Box 802234 Kansas City, MO 64180-2234	-	Trade Payable				270.68
Account No. Creditor #: 77 PC MALL FILE 55327 Los Angeles, CA 90074	-	Trade Payable				1,571.76
Account No. Creditor #: 78 Physicians Reference Laboratory PO Box 875865 Kansas City, MO 64187-5865	-	Trade Payable				80.60
Account No. Creditor #: 79 Pitney Bowes Financial Services PO Box 371887 Pittsburg, PA 15250-7887	-	Trade Payable				34.50
Sheet no. <u>15</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						2,531.79

B6F (Official Form 6F) (12/07) - Cont.

In re Kendallwood Hospice Company,

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 80 Pleasant Valley Manor 6814 Sobbie Road Pleasant Valley, MO 64068	-	Trade Payable				2,908.94
Account No. Creditor #: 81 Pleasant View PO Box 273 Rock Port, MO 64482	-	Trade Payable				27,240.94
Account No. Creditor #: 82 PRESTO-X PO Box 14087 Reading, PA 19612-4087	-	Trade Payable				97.93
Account No. Creditor #: 83 Print Time, Inc 11717 West 112th Street Overland Park, KS 66210	-	Trade Payable				1,067.50
Account No. Creditor #: 84 Purchase Power Pitney Bowes PO Box 371874 Pittsburgh, PA 15250-7874	-	Trade Payable				551.51
Sheet no. <u>16</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						31,866.82



B6F (Official Form 6F) (12/07) - Cont.

In re Kendallwood Hospice Company

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 85 Quest Diagnostics Inc PO Box 14730 St. Louis, MO 63150-4730	-	Trade Payable				816.27
Account No. Creditor #: 86 Regional Emergency Medical Serv Authority PO Box 802223 Kansas City, MO 64180-2223	-	Trade Payable				1,273.02
Account No. Creditor #: 87 Response Digital PO Box 876 Lee's Summitt, MO 64063	-	Trade Payable				150.00
Account No. Creditor #: 88 Riverside Place Diversicare of Riverside, LLC 1616 Weisenborn Road Saint Joseph, MO 64507	-	Trade Payable				45,379.84
Account No. Creditor #: 89 Rogers Pharmacy in Tarkio 411 Main Street Tarkio, MO 64491	-	Trade Payable				6.21
Sheet no. <u>17</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 47,625.34

B6F (Official Form 6F) (12/07) - Cont.

In re Kendallwood Hospice Company,

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 90 RX Alternatives 1415 Village Drive Saint Joseph, MO 64506	-	Trade Payable				69,910.77
Account No. Creditor #: 91 S I Consulting 10015 N Ambassador Drive Ste. 100 Kansas City, MO 64153	-	Trade Payable				15,173.00
Account No. Creditor #: 92 Saxton Health Care Inn 3002 N 18th Street Saint Joseph, MO 64505	-	Trade Payable				6,758.28
Account No. Creditor #: 93 Saxton Riverside Care Center 1616 Weisenborn Road Saint Joseph, MO 64507	-	Trade Payable				21,978.09
Account No. Creditor #: 94 Senior Awareness	-					20.00
Sheet no. <u>18</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 113,840.14

B6F (Official Form 6F) (12/07) - Cont.

In re Kendallwood Hospice Company,

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 95 Spencer Fane Britt Browne LLP PO Box 872037 Kansas City, MO 64187-2037	-	Attorney fees				22,385.50
Account No. Creditor #: 96 St Joseph Area Chamber of Commerce 3003 Frederick Avenue Saint Joseph, MO 64506-5104	-	Trade Payable				546.00
Account No. Creditor #: 97 Tarkio Family Practice 102 S 6th Street Tarkio, MO 64491	-	Trade Payable				78.06
Account No. Creditor #: 98 The Red Force Fire & Security 1030 G West 23rd Street Independence, MO 64055	-	Trade Payable				75.60
Account No. Creditor #: 99 The Sports Page PO Box 108 Savannah, MO 64485	-	Trade Payable				1,327.25
Sheet no. <u>19</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 24,412.41

B6F (Official Form 6F) (12/07) - Cont.

In re Kendallwood Hospice Company,

Case No. \_\_\_\_\_

Debtor

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 100 Tiger Text, Inc. 2110 Broadway Santa Monica, CA 90404	-	Trade Payable				1,170.00
Account No. Creditor #: 101 Timberlake Care Center 12110 Holmes Road Kansas City, MO 64145-1707	-	Trade Payable				10,263.65
Account No. Creditor #: 102 U S Healthworks Med Group KC, PA PO Box 742556 Atlanta, GA 30374-2556	-	Trade payable				845.03
Account No. Creditor #: 103 Unified Government of Wyandotte Co PO Box 175014 KANSAS CITY, KS 66117-5014	-	Trade Payable				542.57
Account No. Creditor #: 104 Univ Of Kansas Hospital 3901 Rainbow Blvd. Kansas City, KS 66160	-	Trade Payable				131.48
Sheet no. <u>20</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 12,952.73

In re Kendallwood Hospice Company,

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 105 Universal Management Services 8559 N Line Creek Parkway Kansas City, MO 64150	-	Trade Payable				1,308.00
Account No. Creditor #: 106 University OF Kansas-CCP Cancer Center Physicians PO Box 804402 Kansas City, MO 64180-4402	-	Trade Payable				102.61
Account No. Creditor #: 107 Uvanta Pharmacy - Kansas City 11144 Renner Blvd. Lenexa, KS 66219	-	Trade Payable				120,629.61
Account No. Creditor #: 108 Wathena Heathcare and Rehabilitation 2112 Highway 36 Wathena, KS 66090	-	Trade Payable				2,491.21
Account No. Creditor #: 109 Windstream Communications PO Box 9001950 Louisville, KY 40290-1950	-	Trade Payable				3,007.31
Sheet no. <u>21</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						127,538.74

B6F (Official Form 6F) (12/07) - Cont.

In re Kendallwood Hospice Company, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Creditor #: 110 Wolters Kluwer Health, Inc. 62526 Collections Center Drive Chicago, IL 60693		Trade Payable -				3,215.00
Account No. Creditor #: 111 Yellow Pages PO Box 5010 Carol Stream, IL 60197-5010		Trade Payable -				1,404.67
Account No.						
Account No.						
Account No.						
Account No.						
Sheet no. <u>22</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						4,619.67
						Total (Report on Summary of Schedules)
						745,667.14

In re Kendallwood Hospice Company

Debtor

Case No. \_\_\_\_\_

## **SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,  
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.  
State whether lease is for nonresidential real property.  
State contract number of any government contract.

In re Kendallwood Hospice Company

Debtor

Case No. \_\_\_\_\_

## SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0

\_\_\_\_\_ continuation sheets attached to Schedule of Codebtors



**United States Bankruptcy Court  
Western District of Missouri**

In re Kendallwood Hospice Company

Debtor(s)

Case No.  
Chapter

11

**BUSINESS INCOME AND EXPENSES**

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

**PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:**

1. Gross Income For 12 Months Prior to Filing: \$ 0.00

**PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:**

2. Gross Monthly Income \$ 0.00

**PART C - ESTIMATED FUTURE MONTHLY EXPENSES:**

3. Net Employee Payroll (Other Than Debtor) \$ 0.00

4. Payroll Taxes 0.00

5. Unemployment Taxes 0.00

6. Worker's Compensation 0.00

7. Other Taxes 0.00

8. Inventory Purchases (Including raw materials) 0.00

9. Purchase of Feed/Fertilizer/Seed/Spray 0.00

10. Rent (Other than debtor's principal residence) 0.00

11. Utilities 0.00

12. Office Expenses and Supplies 0.00

13. Repairs and Maintenance 0.00

14. Vehicle Expenses 0.00

15. Travel and Entertainment 0.00

16. Equipment Rental and Leases 0.00

17. Legal/Accounting/Other Professional Fees 0.00

18. Insurance 0.00

19. Employee Benefits (e.g., pension, medical, etc.) 0.00

20. Payments to Be Made Directly By Debtor to Secured Creditors For Pre-Petition Business Debts (Specify):

DESCRIPTION

TOTAL

21. Other (Specify):

DESCRIPTION

TOTAL

22. Total Monthly Expenses (Add items 3-21) \$ 0.00

**PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:**

23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2) \$ 0.00

**United States Bankruptcy Court**  
**Western District of Missouri**In re Kendallwood Hospice Company

Debtor(s)

Case No.

Chapter

11**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

## DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the General Counsel of the corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 43 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date June 15, 2015Signature /s/ Carla Barksdale

Carla Barksdale

General Counsel

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court  
Western District of Missouri

In re Kendallwood Hospice Company

Debtor(s)

Case No.

Chapter

11

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$151,036.12	2015 YTD - gross earnings
\$4,357,893.20	2014 - gross earnings
\$6,457,297.00	2013 - gross earnings

2. Income other than from employment or operation of business

None

☒

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
--------	--------

B7 (Official Form 7) (04/13)

2

### 3. Payments to creditors

None

**Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
------------------------------	-------------------	-------------	--------------------

None

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
------------------------------	---------------------------------	---	--------------------

None

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
--	-----------------	-------------	--------------------

### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
------------------------------------	-------------------------	---------------------------------	--------------------------

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
---	-----------------	--------------------------------------

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B7 (Official Form 7) (04/13)

3

### 5. Repossessions, foreclosures and returns

- None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
--	--	-----------------------------------

### 6. Assignments and receiverships

- None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
------------------------------	--------------------	-----------------------------------

- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
-------------------------------	--	---------------	-----------------------------------

### 7. Gifts

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
--	--------------------------------	--------------	-------------------------------

### 8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
-----------------------------------	--	--------------

### 9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Evans and Mullinix PA 7225 Renner Rd Ste 200 Shawnee, KS 66217-3043	6/11/2015	\$3,717.00 (includes filing fee)

B7 (Official Form 7) (04/13)

4

### 10. Other transfers

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
---	------	---

- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
----------------------------------	---------------------------	---

### 11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
---------------------------------	--	---------------------------------------

### 12. Safe deposit boxes

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
---	---	----------------------------	--

### 13. Setoffs

- None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
Bank of Liberty Attn Martin J Weishaar 9200 N.E. Barry Road Kansas City, MO 64157-1209	6/8/2015	\$53,000.00

### 14. Property held for another person

- None ☒ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
---------------------------	-----------------------------------	----------------------

B7 (Official Form 7) (04/13)

5

### 15. Prior address of debtor

- None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
---------	-----------	--------------------

### 16. Spouses and Former Spouses

- None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME
------

### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
---------------------------------------	---------------	-----------------------

B7 (Official Form 7) (04/13)

6

### 18 . Nature, location and name of business

None

- ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
------	--	---------	--------------------	-------------------------------

None

- ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
------	---------

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

### 19. Books, records and financial statements

None

- ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
------------------	-------------------------

None

- ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
------	---------	-------------------------

None

- ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
------	---------

None

- ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
------------------	-------------



B7 (Official Form 7) (04/13)

7

## 20. Inventories

- None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
-------------------	----------------------	---

- None ☐ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
-------------------	---

## 21. Current Partners, Officers, Directors and Shareholders

- None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
------------------	--------------------	------------------------

- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
------------------	-------	---

## 22. Former partners, officers, directors and shareholders

- None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
------	---------	--------------------

- None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
------------------	-------	---------------------

## 23. Withdrawals from a partnership or distributions by a corporation

- None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
---	-----------------------------------	--

## 24. Tax Consolidation Group.

- None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------------	--------------------------------------

B7 (Official Form 7) (04/13)

8

---

**25. Pension Funds.**

None ☐ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\* \* \* \* \*

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date June 15, 2015

Signature /s/ Carla Barksdale  
Carla Barksdale  
General Counsel

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

**United States Bankruptcy Court  
Western District of Missouri**

In re Kendallwood Hospice Company

Debtor(s)

Case No.

Chapter

11

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Kendallwood Hospice Company in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

June 15, 2015

Date

/s/ Colin Gotham

Colin Gotham KS#19538; MO#52343

Signature of Attorney or Litigant

Counsel for Kendallwood Hospice Company

Evans & Mullinix, P.A.

7225 Renner Road, Suite 200

Shawnee, KS 66217

(913) 962-8700 Fax:(913) 962-8701